

Receipt
Docket 503.38263X00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: YOKOTA, et al.

Serial No.: 09/508,990

Filed: March 20, 2000

Title: HOUSEHOLD ACCOUNT BOOK MANAGEMENT APPARATUS
AND HOUSEHOLD ACCOUNT BOOK MANAGEMENT SYSTEM

Group: 2768

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner
for Patents
Washington, D.C. 20231

January 25, 2001

Sir:

Attached hereto is the Official Filing Receipt for the
above-identified application, wherein it is noted that the
residence of all the inventors are incorrect.

Accordingly, it is respectfully requested that a corrected
filing receipt be issued indicating the residence of the first
and third inventor to be HITACHIOHTA-SHI; the residence of the
second inventor to be HITACHINAKA-SHI and the residence of the
fourth, fifth and sixth inventor to be HITACHI-SHI.

Respectfully submitted,

ANTONEIDI, TERRY, STOUT & KRAUS, LLP

Carl I. Brundidge
Registration No. 29,621

CIB/sab
(703) 312-6600

Attachments

FILING RECEIPT

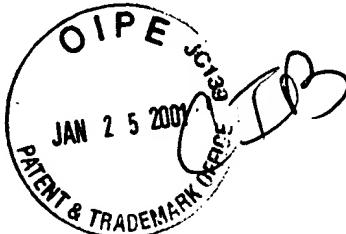


OC00000005107253

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/508,990	03/20/2000	2768	918	503.38263X00	34 ✓	8 ✓	4 ✓

✓ 20457
 ANTONELLI TERRY STOUT AND KRAUS
 SUITE 1800
 1300 NORTH SEVENTEENTH STREET
 ARLINGTON, VA 22209



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Technology Center 2100

Date Mailed: 05/10/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Continuing Data as Claimed by Applicant

THIS APPLICATION IS A 371 OF PCT/JP97/03335 09/19/1997 ✓

Foreign Applications

If Required, Foreign Filing License Granted 05/10/2000

Title

HOUSEHOLD ACCOUNT BOOK MANAGEMENT APPARATUS AND HOUSEHOLD ACCOUNT
BOOK MANAGEMENT SYSTEM ✓

Preliminary Class

705

Data entry by : ORDENEZ, MARTA

Team : OIPE

Date: 05/10/2000



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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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PLEASE NOTE the following information about the Filing Receipt:

- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The docket number allows a maximum of 25 characters.
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Bib Data Sheet

CONFIRMATION NO. 7677

SERIAL NUMBER 09/508,990	FILING DATE 03/20/2000 RULE	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 503.38263X00
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** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/JP97/03335 09/19/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 05/10/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 34	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>[Signature]</i>	Examiner's Signature	Initials		

ADDRESS

20457

TITLE

HOUSEHOLD ACCOUNT BOOK MANAGEMENT APPARATUS AND HOUSEHOLD ACCOUNT BOOK
MANAGEMENT SYSTEM

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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